

# Lynam Leadership Institute: Student Application

June 22-27, 2008



Student Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

VP# \_\_\_\_\_ E-mail: \_\_\_\_\_ If possible, group with: \_\_\_\_\_

Student's School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

This Student is: ☐ Deaf ☐ Hard of Hearing ☐ Hearing Sibling ☐ C.O.D.A.

Adult T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

My child's Cultural Background: ☐ Deaf ☐ Hard of Hearing ☐ Hearing

My child will need a Personal Assistant: ☐ Yes ☐ No Secondary Disability: \_\_\_\_\_

Please rate child's fluency in oral communication: (none) ☐ ☐ ☐ ☐ ☐ ☐ (Fluent)

Please rate child's fluency in ASL: (none) ☐ ☐ ☐ ☐ ☐ ☐ (Fluent)

Does your child have ability/experience in any other communication system (i.e. SEE1, PSE, CUED)? \_\_\_\_\_

Does your child speak any language other than English or ASL? ☐ Yes ☐ No Type: \_\_\_\_\_

Will your child be bringing hearing equipment to camp? ☐ Yes ☐ No What and how many? \_\_\_\_\_

Has your child been to LLI before? ☐ Yes: How many years? \_\_\_\_\_ ☐ No: First time

What benefit do you expect your child to get from the Leadership Institute?

Is your child on a special diet? ☐ Yes ☐ No

Is your child Diabetic, Vegetarian, or other? ☐ Yes ☐ No If Yes, which: \_\_\_\_\_

**Essay Requirement:** In your own words, write an essay explaining the three most important values you demonstrate as a leader. Give examples that demonstrate each of these leadership values in practice. Please attach your essay to the application. Applications submitted without the essay will not be accepted.

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- - Applications will be Prioritized and Processed in the Order Received - -

## Registration Process:

- 1) Complete this Application Form with the student's typed essay and two letters of recommendation from non-relative adults who you have known for at least two years. Include a **\$50.00** NON-refundable deposit to ensure your place at the Leadership Institute. Contact MADHH to request accommodations or financial assistance.

Send Applications to: **MADHH, 2929 Covington Court, Suite 200  
Lansing, Michigan 48912-4939**

- 2) Financial Assistance requests **MUST** be communicated at the time of registration. The family of the student is responsible to seek scholarships; however, MADHH's staff will closely work with all families.
- 3) When your child is accepted, MADHH will send the Agreements and Releases forms and information. Included will be the Michigan State University forms. This form needs to be received by MADHH at least three weeks prior to arrival so it can be reviewed and accepted by our medical consultant.
- 4) Achieve your **Paid-In-Full** status prior to April 15, 2008 by paying the full \$250.00. Credit card payments can be mailed, faxed or over the phone. Payment plans are available.

**Payment Method:** ☐Check ☐MO ☐Master Card ☐Visa ☐Discover ☐American Express

**C.C. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Name as seen on Card:** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Amount Enclosed \$** \_\_\_\_\_ **(\$50 deposit minimum) CVC#** \_\_\_\_\_

*Leadership Institute: June 22-27, 2008, total cost: \$250.00, includes all meals, housing, activities, and T-shirts. It does not include transportation to and from Michigan State University.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## - Parent/Student Agreement -

The student AGREES TO abide by the following camp rules at all times:

1. The student will be considerate of the safety and feelings of others and care for the property.
2. If the student willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the campus and take the student home. •
3. The possession of any illegal substances (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Program Director will be grounds for dismissal and the parents/guardian will be contacted to take the student home. •
4. Payment for any damage done to MSU property or property of others as a direct result of the student's behavior will be paid for by the parents/guardian when the child is picked up.
  - *Parents are responsible for all transportation costs if parents are unable to transport their student home due to the student's dismissal from camp.*

☐ I have transportation ☐ I can provide transportation for \_\_\_\_\_ persons

☐ I authorize sharing of information on this form to coordinate transportation to and/or from the program

Parent's / Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

